State of Rhode Island and Providence Plantation Department of State - Business Se				
Certificate of Authority FOREIGN Corporation → Filing Fee: \$310.00 minimum Pursuant to the provisions of RIGL <u>7-1.2-1405</u> , the un			2017 JUL I I A	R.I. DEPT. OF BUS SYCS
applies for a Certificate of Authority to transact busine for that purpose submits the following statement: 1. The name of the corporation is:		· · · · · · · · · · · · · · · · · · ·	AM 11 5	STATE
	JEF Centuristion,			
3. The name, if different, which it elects to use in Rh	lassachuse ++ s	5		
<ul> <li>(a) If the name of the corporation in its jurisdiction of "incorporated", or "limited," or an abbreviation there above corporate endings for use in Rhode Island:</li> <li>(b) If the corporate name is not available in Rhode Island</li> </ul>	f incorporation does not contain of, then list the name of the cor sland, then set forth below the	poration with the a	ddition of one	of the
corporation will qualify and transact business in Rho filed with this application: 4. The date of its incorporation is: Jan		itious Business Na	ime Statemen	t" to be
And the period of its duration is: CHECK ONLY ON           Perpetual (on-going)           Date certain for dissolution	E BOX			
	eyden AVE dford, Ma O	2155		
6. The name and address of the initial registered age Agent Name $D A A C C A A C L$	ent/office of in Rhode Island:			
PHRFSEHKCH Street Address (NOT & BO, Box)	inc			
LLL	Jefferson	Blud		
city/Town War Wick	State RHODE ISLAND	Zip Code の と	888	
MAIL TO: Division of Business Services		FILE	D	
148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov	5	<b>JUL 11</b>	2017	
		BY2079	39	

7. The purpose or purp	-			usiness in l	Rhode Island are:	
(nei	neral	Contracto	r -			
8. (a) The names and n state or country of whic			optional, unless dir	rectors are	required under the laws of the	
NAME		ADDRESS				
Jose F. Silva		11 Leyden Ane Medford MA 02155				
Fernando J	- Silva	<u> </u>	( '	(	(	
<u>.                                    </u>			······			
					·····	
					box to indicate an attachment.	
of the state or country of			flicers (mandatory	If directors	are not required under the law	
OFFICE		NAME	ADDRESS			
PRESIDENT	Jose F Silva II Leyden Ave Medford Ma O		Medford Ma 0215			
	Fernando J Silva II Leyden Ave Medford Ma		_			
TREASURER						
SECRETARY						
· · · · · · · · · · · · · · · · · · ·				Check the	box to indicate an attachment	
<ol> <li>The aggregate numb par value, and series, if</li> </ol>	er of shares w	hich it has authority to	issue; itemized by	classes, pa	ar value of shares, shares with	
NUMBER OF SHARES	CLAS	SS	SERIES	PA	R VALUE OR STATE NO PAR VALUE	
275,000	<u> </u>	<u> </u>		<u> </u>		
			. <u> </u>			
			·····			
<ol> <li>(a) Estimate, in do owned by the corporation</li> </ol>					alue of the corporation's prop sland during the following year	
ncated	,000. (		\$	-1	9	
c) Estimate, as a percu vithin this state during t	ntage, the pro	oportion that the estimate	ated value of the property of the	roperty of t	he corporation to be located on to be owned during the	

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11, (a) Estimate, in dollars, the gross amount of business to (b) Estimate, in dollars, the gross amount of business to be be transacted by the corporation during the following year. transacted by the corporation at or from places of business in Rhode Island during the following year. ,000,000.00 \$ \$\_\_\_\_ (c) Estimate, as a percentage, the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. Note: Divide (11b) by (11a) and multiply by 100 to obtain the percentage. % 12. This application must be accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is incorporated that is dated within 60 days of the filing of this document. 13. Date when the Certificate of Authority will be effective: CHECK ONLY ONE BOX স Date received (Upon filing) Later effective date (Date must be no more than 90 days from the day of filing) Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct. Type or Print Name of Authorized Officer Date 7-3-2017 Silva rnancle Signature of Authorized Officer of the Corporation Vice Pundat

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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**The Commonwealth of Massachusetts** Secretary of the Commonwealth State House, Boston, Massachusetts 02133

William Francis Galvin Secretary of the Commonwealth

Date: July 06, 2017

To Whom It May Concern :

I hereby certify that according to the records of this office, J&F CONSTRUCTION, INC.

is a domestic corporation organized on **January 03, 2017**, under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which, I have hereunto affixed the Great Seal of the Commonwealth on the date first above written.

manin Galecin

Secretary of the Commonwealth

Certificate Number: 17070063880 Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx Processed by:



State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island

and Providence Plantations, hereby certify that this document, duly executed in

accordance with the provisions of Title 7 of the General Laws of Rhode Island, as

amended, has been filed in this office on this day:

July 11, 2017 11:55 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

